

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: K vin R. Seifert t al.  
TITLE: MEDICAL ELECTRICAL LEAD ANCHORING

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 331 792 705 US, on this 17<sup>th</sup> day of September, 2003.

Sue McCoy

Printed Name

Signature

MAIL STOP PATENT APPLICATION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 15 (including claims and abstract: Spec. 11 sheets; Claims 3 sheets; Abstract 1

X Drawings:

Total sheets: 10

☐ formal ☒ informal

☒ Combined Declaration and Power of Attorney:

- ☒ executed  
☐ copy from prior application  
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

- ☐ Notification of filing a  
☒ Assignment of the Invention to Medtronic, Inc.  
☒ Assignment cover sheet  
☐ Information Disclosure Statement  
☐ PTO Form 1449  
☐ Copies of IDS citations  
☐ Preliminary Amendment  
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. .  
☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--  
☐ Cancel in this application original claims \_\_\_\_ of the prior application before calculating the filing fe . (At l ast the original independent claim must be retained for filing purposes.)  
☐ The prior application is assigned of record to Medtronic, Inc.  
☐ The Power of Attorney in th prior application is to: \_\_.



☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

☒ Address all future correspondence to: Elisabeth L. Belden, Reg. No. 50,751  
Telephone: (763) 514-4083  
Facsimile: (763) 505-2530  
No. 27581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	16	20	= 0	x 18	0
Independent Claims	3	3	= 0	x 84	0
Multiple Dependent Claims	0		0	+ 280	0
Basic Filing Fee					\$750.00
TOTAL					750.00

☒ Charge Deposit Account No. 13-2546 in the amount of **\$790.00** for the filing fee and assignment recordation fee of \$40.00.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

*September 11, 2003*

*Elisabeth L. Belden*  
\_\_\_\_\_  
Elisabeth L. Belden, Reg. No. 50,751  
Telephone: (763) 514-4083  
No. 27581